	•		TH	IE DIVISION OF HE	ALTH OF MISSO	URI		43.5.4	-	
. No.300	FILED DEC	5 1950	STA	NDARD CERTIF	CATE OF DE	ATH	State File N	, 394	84	
	BIRTH NO. 7 8	270-	REG.	DIST. NO. 324	PRIMARY REG. DIST			<sub>No</sub> 235		
1772	1. PLACE OF DEATH			2. USUAL RESI	DENCE (Where d	ecessed lived. If	institution: resid	ence before		
U	a. COUNTY Saline				a. STATE Missou	ri	5a14We		adinhesion).	
	b. CITY (If outside corporate limits, write RURAL and give C. LENGTH OF				C. Clif (Il outside corporate limits, write HURAL and give township)					
_	OR TOWN Marshall Mo. township) STAY (in this place) 3Hrs.				Town Marshall Township-Rural					
RECORD	d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR				d. STREET (If rural, give location) ADDRESS					
8	HOSPITAL OR INSTITUTION			Hospital	ADDRESS R.F.D.2 3 Miles West of Town				Towr	
Ě	3. NAME OF a. (First) b. (Middle)				c. (Last)	. 4. D				
	DECEASED (Type or Print)	- 0 .			75		F	-,	(Yest)	
PERMANENT	LILI ARE				Barr DEATHNOVember 25 1950  [8. DATE OF BIRTH 9. AGE (In years) of UNDER 1 YEAR   of DECEM 12 HER.					
NE	O SEA O STATE OF THE PARTY OF T			RIED, NEVER MARRIED, WED, DIVORCED (Specify),	-[	اغما إ	birthday) Mon	the Days Hou	nej Min.	
₹	Male-/	White	- N 6	ver Married		<u> 25-1950                                    </u>	<u>-   -</u>	- 13	Hrs.	
E E	done during most of work	JN (Cilve kind of work ing life, even if retired)		DISTRY	11. BIRTHPLACE (8ta		•	12. CITIZEN COUNTRY	OF WHAT	
E E	Infant	<del></del>	1 In	fant	Marshall,	<del></del>	<u> </u>	LU.S.A		
	13a. FATHER'S NAME			136. MOTHER'S MAIDEN		14. NAME OF	HUSBAND OR	WIFE		
`	Joseph R. Barr			Margaret Ko						
<b>B</b>	I5. WAS DECEASED EVE	ER IN U.S. ARMED Lým, glyn war or date	FORCES?	16. SOCIAL SECURITY		"S SIGNATURI	OR NAME	ADD	RESS	
-MAKE	No				Jodeph R	.Barr-Ma	rsnall,	Missour	:1	
1 1	18. CAUSE OF DEATH	. I DISEASE OR A	CHOITION	MEDICAL O	ERTIFICATION			INTERVAL I	BETWEEN	
INK	Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR O	DING TO DE	ATH*(a)	remaleur	4				
	ANTECOPAT CAUCE									
BLACK	*This does not mean the mode of dying, such			riving DUE TO (b)						
3	as heart failure, asthenia,	rise to the above the underlying co	cause (a) si	ating				i		
	etc. It means the dis- ease, injury, or complica-			DUE TO (c)			•			
S	tion which caused death.	II. OTHER SIGN						200		
<u> </u>	Conditions contributing to the death related to the disease or condition cau			t death but not tion cousing death.	ath but not cauring death.				X	
E.	19a. DATE OF OPERA- 119b. MAJOR FINDINGS OF OPERATION				· · · · · · · · · · · · · · · · · · ·			20. AUTOF	SYI	
UNFADING	TION							YES 🗆	wo 🗀	
	21s. ACCIDENT	(Specify)	21b. PLAC	EOFINJURY (e.g., In crabout	21c. (CITY, TOWN, OF	R TOWNSHIP)	COUNTY		<u></u>	
Z	21a. ACCIDENT SUICIDE HOMICIDE		home, farm,	factory, street, office bldg., etc.)		•	·		·	
-USING	21d. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED			21f. HOW DID INJUR	Y OCCUR?					
7	OF INJURY			WHILE AT WHILE AT WORK		•				
5		The state of the s								
<b>E</b> 1	22. I hereby certify that I attended the deceased from 15 1950, to 10 26, 1950, that I law alive on 100 25, 1950, and that death occurred at 1 m., from the causes and on the date state  23a. SIGNATURE  (Degree or title) 23b. ADDRESS								leceased	
	23a. SIGNATURE	, 507	, ana	(Degree or title)	23b. ADDRESS	ine causes and	m ine date si	23c. DATE	SIGNED	
l:	James	a Kail		<i>プ</i> ガラう	Mar	Sall /	Zi	11-2		
WRITE	24a. BURIAL. CREMA	- 1 24b. DATE	<del></del>	24c. NAME OF CEMETER	Y OR CREMATORY	24d. LOCATION	City, town, or o		State)	
R	TION REMOVAL (Bookly		10	P. V 1.		7//	Land	20-	£	
≱	DATE REC'D BY LOCAL	REGISTRAR'S	/ 30 Signatur	Trage //	25 FUNERAL DIRE	CTOP S SIGNAT	an ,	Muc	Aug.	
	PEG REG	TEGRS IN THE	JIGRATUK _#	- 1 385°	11.0.		1//-	0 00	·· }·	
٠. ٦	MOU. 27-19	19 rece	mey	1 Gray O	1 7 Miles	survel	7 - MA	alull, I	Mi.	
			•	(Licensed Embalmer's	itatement on Reverse Si	ide)		V 🔻		

## RECEIVED 12.4.50 DISTRICT HEALTH OFFICE No. 3

District File Number -----Date Filed 12:4:50

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by........

Licensed Embalmer No. 3 2 3 5

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.

working under my personal supervision.